



## Meningococcal Meningitis Vaccination Response Form

New York State Public Health Law requires that all college and university students enrolled for at least six semester hours or the equivalent per semester complete and return the following form to:

**Health Services**  
**Onondaga Community College**  
4585 West Seneca Turnpike  
Syracuse, New York 13215-4585

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street address City State Zip

Student Phone Number (\_\_\_\_\_) \_\_\_\_\_ ID# or SS# \_\_\_\_\_

Check one box and sign below.

I have had the meningococcal meningitis immunization within the past 10 years.  
Menomune  Menactra  date received \_\_\_\_\_

I have read the information regarding meningococcal meningitis disease. I understand the risks or not receiving the vaccine. I have decided that I will not obtain immunization against meningococcal meningitis disease.

For students under the age of 18, a parent or guardian must sign.

Signed \_\_\_\_\_ Date \_\_\_\_\_

If not the student, please indicate relationship to student: parent  guardian